

1059 E 600 S SALT LAKE CITY 13 United States of America UTAH, 84102

Dear ASHWINI,

As you were on a F, J, M or Q type visa and did not have any US income, or your US income was below the tax threshold, you do not need to complete a full tax return. You just need to complete form 8843 as a statement that you are an exempt individual.

Enclosed, please find two copies of your 8843 tax form for 2015, which you prepared through Sprintax tax software.

File one copy with the Internal Revenue Service and retain the second copy for your records.

How do I file my 8843 tax form?

We have completed form 8843 for you. Please review this form and sign and date it where indicated on page 2.

Your tax form must be received by the IRS by April 18th. However, we recommend you mail it as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to:

Department of the Treasury
Internal Revenue Service
Austin TX 73301-0215
USA

If you have any questions, please email us at hello@sprintax.com.

Sincerely,

The Sprintax team



STATEMENT FOR EXEMPT INDIVIDUAL FOR

ASHWINI JANAMATTI

2015

FEDERAL FILING COPY

SUBMIT TO THE INTERNAL REVENUE SERVICE

Form **8843**

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

beginning

▶ Information about Form 8843 and its instructions is at www.irs.gov/form8843. For the year January 1—December 31, 2015, or other tax year

Attachment Sequence No. 102

, 20

, 2015, and ending Your U.S. taxpayer identification number, if any Your first name and initial Last name **ASHWINI** JANAMATTI Fill in your Address in country of residence Address in the United States addresses only if **B2 404 SHRIRAM SHREYAS** 1059 F 600 S you are filing this **BANGALORE** form by itself and TELECOM LAYOUT, KODIGEHALLI SALT LAKE CITY, UT 84102 not with your tax INDIA 560097 return Part I General Information Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ► F1 08/10/2015 Current nonimmigrant status and date of change (see instructions) ► F1 Of what country were you a citizen during the tax year? INDIA 2 What country issued you a passport? INDIA Enter your passport number ► H8028384

Enter the actual number of days you were present in the United States during: 2015 144 2013 0 b Enter the number of days in 2015 you claim you can exclude for purposes of the substantial presence test > 144 **Teachers and Trainees** Part II For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2015 ▶ For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2015 ► _____ ______ Enter the type of U.S. visa (J or Q) you held during: ► 2009 2012 _____ 2013 2014 _____ . If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless you meet the Exception explained in the instructions. Students Part III Enter the name, address, and telephone number of the academic institution you attended during 2015 ▶ UNIVERSITY OF UTAH, 200 S CENTRAL CAMPUS DR. ROOM 410, SALT LAKE CITY, 84112, 8015818876 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2015 ► STEVEN BURNETT, 200 S CENTRAL CAMPUS DR. RM 410, SALT LAKE CITY, UT, 84112, 8015818876 Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2009 2011 2012 ____ 2013 ___ 2014 2014 . If the type of visa you held during any

of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar

establish that you do not intend to reside permanently in the United States.

If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to

During 2015, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status

in the United States or have an application pending to change your status to that of a lawful permanent

If you checked the "Yes" box on line 13, explain ▶

13

14

Form 8843 (2015) Page **2**

Part	IV Professional Athletes			
15	Enter the name of the charitable sports event(s) in the United States in which you competed competition ▶			
16	Enter the name(s) and employer identification number(s) of the charitable organization(s) the event(s) ▶	at benefited from the sports		
Part	Note. You must attach a statement to verify that all of the net proceeds of the sports event(s) were organization(s) listed on line 16. Individuals With a Medical Condition or Medical Problem			
17a	Describe the medical condition or medical problem that prevented you from leaving the United Sta			
b	Enter the date you intended to leave the United States prior to the onset of the medical condition of on line 17a ▶			
С	Enter the date you actually left the United States ►			
18	Physician's Statement:			
	I certify that			
	Name of taxpayer			
was unable to leave the United States on the date shown on line 17b because of the medical condition or r described on line 17a and there was no indication that his or her condition or problem was preexisting.		•		
	Name of physician or other medical official			
	Physician's or other medical official's address and telephone number			
	Physician's or other medical official's signature	Date		
Sign I only i are fil this fo	Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to they are true, correct, and complete. ing orm by			
not w		03.11.16		
returr		Date		

Form **8843** (2015)



STATEMENT FOR EXEMPT INDIVIDUAL FOR ASHWINI JANAMATTI

2015

YOUR COPY

RETAIN FOR YOUR RECORDS

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OMB No. 1545-0074

Attachment Sequence No. 102

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▶ Information about Form 8843 and its instructions is at www.irs.gov/form8843.

Last name

Department of the Treasury Internal Revenue Service Your first name and initial

For the year January 1—December 31, 2015, or other tax year , 2015, and ending , 20 beginning

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	Name of physician or other medical official			
	Physician's or other medical official's address and telephone number			
	Physician's or other medical official's signature	Date		
itself	f you they are true, correct, and complete. ling orm by and	to the best of my knowledge and belief,		
not w		03.11.16		
return	Your signature	Date		
		Form 8843 (2015)		